

NAME: FIRM: ADDRESS: PHONE: ATTORNEY FOR:	COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN P.O. BOX E, SAN RAFAEL, CA 94913-3904 (415) 499-6407	
PLAINTIFF:	
DEFENDANT:	

STATUS CONFERENCE QUESTIONNAIRE	CASE NUMBER: <u>157680</u>
DATE: <u>12-20-93</u>	DEPARTMENT: <u>1</u>
	TIME: <u>9:00</u>

1. I am party attorney for party (name of party):
(check all that apply): plaintiff defendant
 cross-complainant cross-defendant other (specify):
2. (Plaintiffs only) The complaint was filed on (date):
3. Service (plaintiffs and cross-complainants only)
 - a. All parties named in the complaint and cross-complaint have been served, or have appeared, or have been dismissed.
 - b. The following parties named in the complaint or cross-complaint
 - (1) have not been served (specify names):
 - (2) have been served but have not appeared and have not been dismissed (specify names):

4. Alternative Dispute Resolution

- a. All parties have stipulated (a copy of the signed Alternative Dispute Resolution stipulation form is attached) to:
- Judicial/arbitration under section 1141.12 of the Code of Civil Procedure.
 - Binding arbitration.
 - Mediation.
 - Neutral case evaluation.
 - Special Master.
 - Other _____.
- b. Plaintiff elects to refer the case to judicial arbitration and agrees to limit recovery to amount specified in section 1141.12 of Code of Civil Procedure (\$50,000 as of January 1990).
- c. Case is exempt from arbitration under rule 1600.5 of California Rules of Court (specify exemption):

5. Jurisdiction

- a. It is reasonably certain that the amount in controversy will not exceed \$25,000.
- b. I request that the court order the case transferred to the municipal.

6. Discovery

- a. I have completed all discovery.
- b. I have not completed the following discovery which will be completed by the date specified:

Description

Date

7. Type of Case

Personal Injury Wrongful Death Property Damage

Collection Other _____
(specify)

Was injury or damage by auto? Yes No

a. Brief statement of the case:

8. Personal Injury Case Contentions:

a. Briefly describe injuries and damages: _____

b. Medical Expenses: To Date _____ Future _____

c. Lost Earnings: To Date _____ Future _____

d. Other Damages: _____

9. Non-personal Injury Case Contentions (specify nature and amount of damage claimed):

10. a. I request an order bifurcating, severing, or consolidating the following issues or causes of action (specify and give reason):

b. A Petition to Coordinate has been or will be filed (CCP Sec. 404 et seq.).

11. I expect to file the following pretrial motions (specify):

12. I request a jury trial.

13. This case is entitled to preference under (specify code and section no.):

14. I seek the following equitable relief (specify):

15. I estimate the trial would take

a. days:

b. (short causes) hours:

16. This case will be ready for trial by (month, year):

17. I request that the following additional matters be determined at the status conference (specify):

Date:

TYPE OR PRINT NAME

SIGNATURE OF PARTY OR PARTY'S ATTORNEY

SUPERIOR COURT OF CALIFORNIA

COUNTY OF MARIN

_____,) No. 157680
Plaintiff,)
vs.) STIPULATION TO ALTERNATIVE
) DISPUTE RESOLUTION
)
_____,)
Defendants.)
_____)

The parties hereby stipulate that all claims in this action shall be submitted to;

- binding arbitration non-binding judicial arbitration
- mediation neutral case evaluation special master
- other: _____

in accordance with the provisions of Local Rule 5.

Date: _____, 19____

Plaintiff

Defendant

Attorney for Plaintiff

Attorney for Plaintiff

Plaintiff

Defendant

Attorney for Plaintiff

Attorney for Plaintiff

Superior Court of the State of California
County of Marin
NOTICE TO PLAINTIFFS

CIVIL TRIAL DELAY REDUCTION PROGRAM
REQUIRES PROCEDURES AND TIME LINES TO BE MET

All civil actions filed on or after July 1, 1992, except actions filed under the Family Law Act, the Juvenile Court Law, petition for writs of mandate or prohibition, change of name, harassment restraining orders, Domestic Violence Prevention Act restraining orders, and adoptions, are included in the Superior Court's civil trial delay reduction program. Local Rules of the Superior Court for the program require that you meet certain time lines for filing of documents. Please refer to Local Rule 5, Administration of Civil Litigation, for more particulars.

You must serve the following documents, which you will receive from the Clerk's office, with the complaint, on all other parties:

- A copy of this letter;
- A copy of the Notice of First Status/ADR Assessment Conference;
- A blank Status Conference Questionnaire;
- A blank Alternative Dispute Resolution Stipulation Form; and
- A blank ADR Evaluation Form.

This service must be accomplished within 60 days of the filing of the complaint and proof of such service must be filed within 10 days of the service.

The First Status/ADR Assessment Conference will be held approximately 140 days from the filing of the Complaint. The exact date and judge assignment is indicated on the form you received in the Clerk's office when you filed your complaint.

Failure to comply with the program rules may result in the imposition of sanctions and will in each instance result in the issuance of an order that you show cause why you have not complied.

Examples of alternative dispute resolution (ADR) procedures offered in Marin County include:

- Binding and non-binding arbitration;
- Mediation;
- Neutral case evaluation; and
- The use of a Special Master.

It is important that you review these programs with your client. It will increase the possibility of your client's case being resolved at an early, and less expensive, stage of the proceedings. All judges in the civil trial delay reduction program are supportive of the use of alternative dispute resolution programs and are available to meet with you and the other parties prior to your Status Conference to assist in selecting the most appropriate resolution mechanism for your case.

You are required to complete and return the ADR Evaluation Form within 10 days of the resolution of the dispute.

Marin County Superior Court

ADR Evaluation Form

This form should be filled out and returned
within 10 days of the resolution of the dispute to:

ADR Unit
Marin County Superior Court
P. O. Box E
San Rafael, CA 94913-3904

1. Case name: _____ No. 157680 Judge _____
2. Type of civil case: PI/PD-Auto PI/PD-Other Contract Other (specify): _____
3. Date complaint filed _____ Date case resolved _____
4. Date of ADR assessment conference _____
5. Number of parties _____ Amount in controversy (if any) _____
6. Plaintiff's Attorney Cross Complainant's Attorney 7. Defendant's Attorney Cross Defendant's Attorney
- | | |
|------------------------|------------------------|
| NAME _____ | NAME _____ |
| ADDRESS _____ | ADDRESS _____ |
| () _____ | () _____ |
| TELEPHONE NUMBER _____ | TELEPHONE NUMBER _____ |
8. How was case resolved (check appropriate boxes)? Verdict Dismissal Settlement
 Arbitration award Other (specify): _____

**IF THE CASE WAS SUBMITTED TO AN ADR PROCESS, PLEASE FINISH THIS FORM.
YOUR RESPONSES WILL BE CONFIDENTIAL.**

9. Dispute resolution process:
 Mediation Arbitration Neutral case evaluation Other (specify): _____
10. Neutral party's name, address, and telephone number: _____

11. How was case resolved?
a. As a direct result of the ADR process.
b. As an indirect result of the ADR process. c. Settlement was unrelated to ADR process.
12. If the case did not resolve as a result of the ADR process, what benefit, if any, did you gain by participation in the ADR process?

13. Total fees charged to all parties by the neutral party: _____
14. The ADR process was scheduled within _____ weeks of contacting the provider.
15. The ADR process commenced on _____
It lasted _____ hours and was completed on _____
16. How did you select the neutral party?
 ADR list Referral Advertising Prior experience Other (specify): _____

ADR Evaluation Form

17. Place a number inside the box to indicate how you feel about this *dispute resolution process* in terms of the following areas:

Scales 1=Very satisfied 2=Satisfied 3=Neither satisfied nor dissatisfied 4=Dissatisfied 5=Very dissatisfied

- a. Permitted me to present the case in an appropriate manner.
- b. Allowed the legal issues to be addressed in an appropriate manner.
- c. Allowed the non-legal issues to be addressed in an appropriate manner.
- d. Provided the opportunity to participate in structuring the outcome of the case.
- e. Provided a fair process.
- f. Reduced the cost of the case for my client.
- g. Overall, how do you feel about the dispute resolution process used for this case?

18. Do you think this dispute resolution process fit this particular case?

- Yes, the process was suitable. No, the process was unsuitable.

Please explain why you came to this conclusion, being as specific as possible: _____

19. Would you be willing to consider using this dispute resolution process again? Yes No

20. Place a number inside the box to indicate how you feel about the neutral party who handled your case in this dispute resolution process in terms of the following areas:

Scales 1=Very satisfied 2=Satisfied 3=Neither satisfied nor dissatisfied 4=Dissatisfied 5=Very dissatisfied

- a. Knowledge of the content area of your case.
- b. Knowledge of the legal issues of your case.
- c. Neutrality and lack of bias.
- d. Skill in structuring and guiding the process.

21. Do you think this person fit this particular case?

- Yes, the person was suitable. No, the person was unsuitable.

Please explain why you came to this conclusion, being as specific as possible: _____

22. Would you be willing to use this person again? Yes No

23. Please provide any other comments relating to the dispute resolution process: _____

